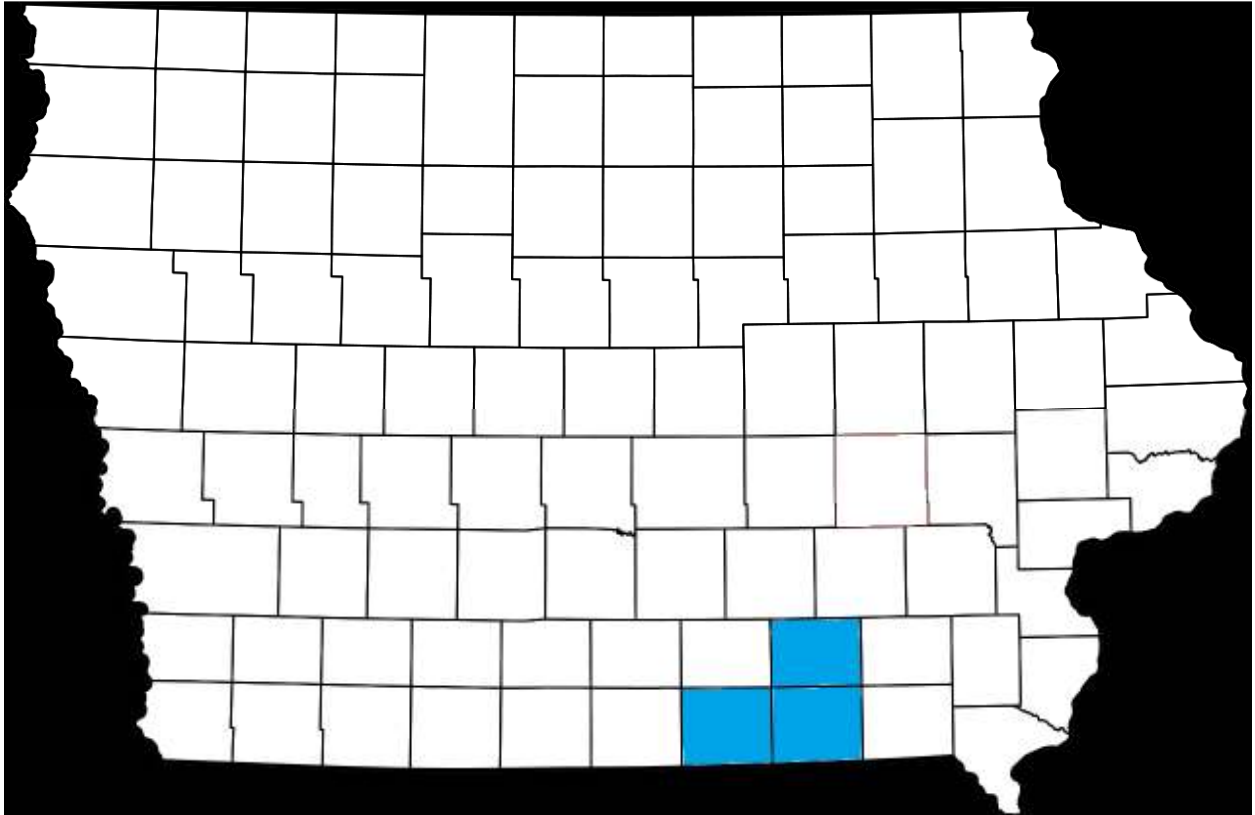


SCBHR
Mental Health and Disability Services
Transition Plan

Serving Appanoose, Davis and Wapello Counties



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Introduction:

This Mental Health & Disability Services initial Transition Plan is the statutorily required document for transition from County Plans to implementing Regional Policies and Procedures. Required elements include steps to accomplish the following:

- Designate local access points for the disability services administered by the region.
- Define the service access and service authorization process to be utilized for the region.
- Designate the region's targeted case manager providers funded by the medical assistance program.
- Identify the service provider network for the region.
- Establish business functions, funds accounting procedures, and other administrative processes.
- Identify the information technology and data management capacity to be employed to support regional functions.
- Comply with data reporting and other information technology requirements identified by the department.

South Central Behavioral Health Region (SCBHR) was formed under Iowa Code Chapter 28E to create a mental health and disability service region in compliance with Iowa Code 331.390 in April of 2014. SCBHR's approach to shifting from a county operated system to the regional system will focus on maintaining strengths of the current system while developing best practices including performance measures and benchmarks.

Mission

Collaborate with people to provide welcoming integrated and individualized services that create opportunities to improve lives.

Vision

The Vision of SCBHR is to facilitate open, quality and comprehensive services to people with multiple issues in their lives. We strive to be welcoming hopeful and helpful to people who have complex MH/DS challenges, including trauma.

ACCESS POINTS:

Entry/Access Points is the first point of contact for someone seeking mental health and disability services. SCBHR has retained previous county designated access points to access the regional service system. (Attachment A) Additional network providers and partners may also be designated as access points to expand entry to MHDS funding. Access points are educated to respond to the individual's stated and assessed needs by providing linkage to appropriate programs. Examples of entry points include community services director's office, community mental health providers,

mental health providers, health care providers, and hospital as well as designated Access Points. As entry points are identified, information and training is required to become a designated access point.

TARGETED CASE MANAGEMENT (IAC 441-25.21(1)g)

South Central Behavioral Health Region, Chief Executive Officer has evaluated interested agency and made a recommendation to the SCBHR Governing Board, who designated a Target Case Management agency to offer services to individuals enrolled in the Medicaid Program.

SCBHR shall offer a choice and access to cost effective, evidenced based, conflict free Targeted Case Management as described in IAC 441-25.21(1)g. SCBHR shall designate Targeted Case Management agencies to offer services to individuals enrolled in the Medicaid Program.

Designated Case Management agencies serving the SCBHR must be accredited by the Department of Human Services. Targeted Case Managers must meet the qualifications as defined in IAC 441

Targeted Case Management and Service Coordination Services shall meet the following expectations:

- Performance and outcome measures relating to the safety, work performance and community residency of the individuals receiving the service
- Standards including but not limited to social history, assessment, service planning, incident reporting, crisis planning, coordination, and monitoring for individuals receiving the services.
- Methodologies for complying with the requirements of sub rule 441-25.21 g which may include the use of electronic recording keeping and remote or internet based training

SCBHR has identified and designated the following providers for case management in South Central Behavioral Health Region:

- Southeast Iowa Case Management
207 E. 2nd, Suite 3
Ottumwa, Iowa 52501
641-684-6399
- Southeast Iowa Case Management
103 S. Clinton Street
Albia, Iowa 52531
641-932-5697

Service Provider Network

Agency	Agency
American Gothic Home Care	Riverhills Medical Center
Comfort Keepers	Southern Iowa Mental Health Center
Community Centerville Community Betterment	SIEDA
Community Health Center of Iowa	St. Luke's Hospital
Crest	Southeast Iowa Case Management
First Resources	Tenco Industries
	Optimae Life Services
Insight Human Services	Ottumwa Regional Health Center
Mental Health Institute	Psychology Services of Ottumwa
New Focus	Paula S. Gordy Counseling Services

SCBHR development of the provider network includes the continuation of relationships with participating county provider networks. SCBHR has developed a process of building the provider network that includes the use of request for proposals and startup funds. SCBHR will consider providing assistance for implementation of core and core plus services, for decentralizing services and to meet the access standards associated with services.

Eligibility to Contract with SCBHR

In order to contract with SCBHR, a provider must meet at least one of the following criteria:

- Be currently licensed, accredited, or certified by the State of Iowa, or
- Be currently enrolled as a Medicaid provider, or
- Have a current accreditation by a recognized state or national accrediting body (such as JCAHO, CARF, etc.), or
- Currently contracting with a SCBHR member county.

New providers may be added to the provider network if it is determined either a particular individual will benefit from the service (as determined by the individual's inter-disciplinary team) or that the provider shall provide service(s) that will enhance the service system following the process listed below:

1. A referral or request for a new network provider may be made by an individual (or authorized representative), consumer's case manager or social worker, or directly by a provider. All requests to become a member shall be directed to the Region.
2. Provider shall complete a Provider Network Application. Provider applicant shall be screened by the Region. Provider may be asked to meet for an interview or provide additional information. Criteria for consideration includes:

- Priority for core and core plus services
 - Unmet need for the proposed services
 - Unmet access standard for proposed services
 - Provider experience in providing the services
 - Documented consumer outcomes, and family/ consumer satisfaction
 - Retention of consumers in other programs
 - Coordination with other provider agencies
 - Evidence of individualized services
 - Relationship with other regions the agency serves
 - Funding source for the service
 - Financial viability of the agency
3. The Region shall inform the provider of acceptance or denial.
 4. New network providers shall receive appropriate orientation and training concerning SCBHR MH/DS Plan.

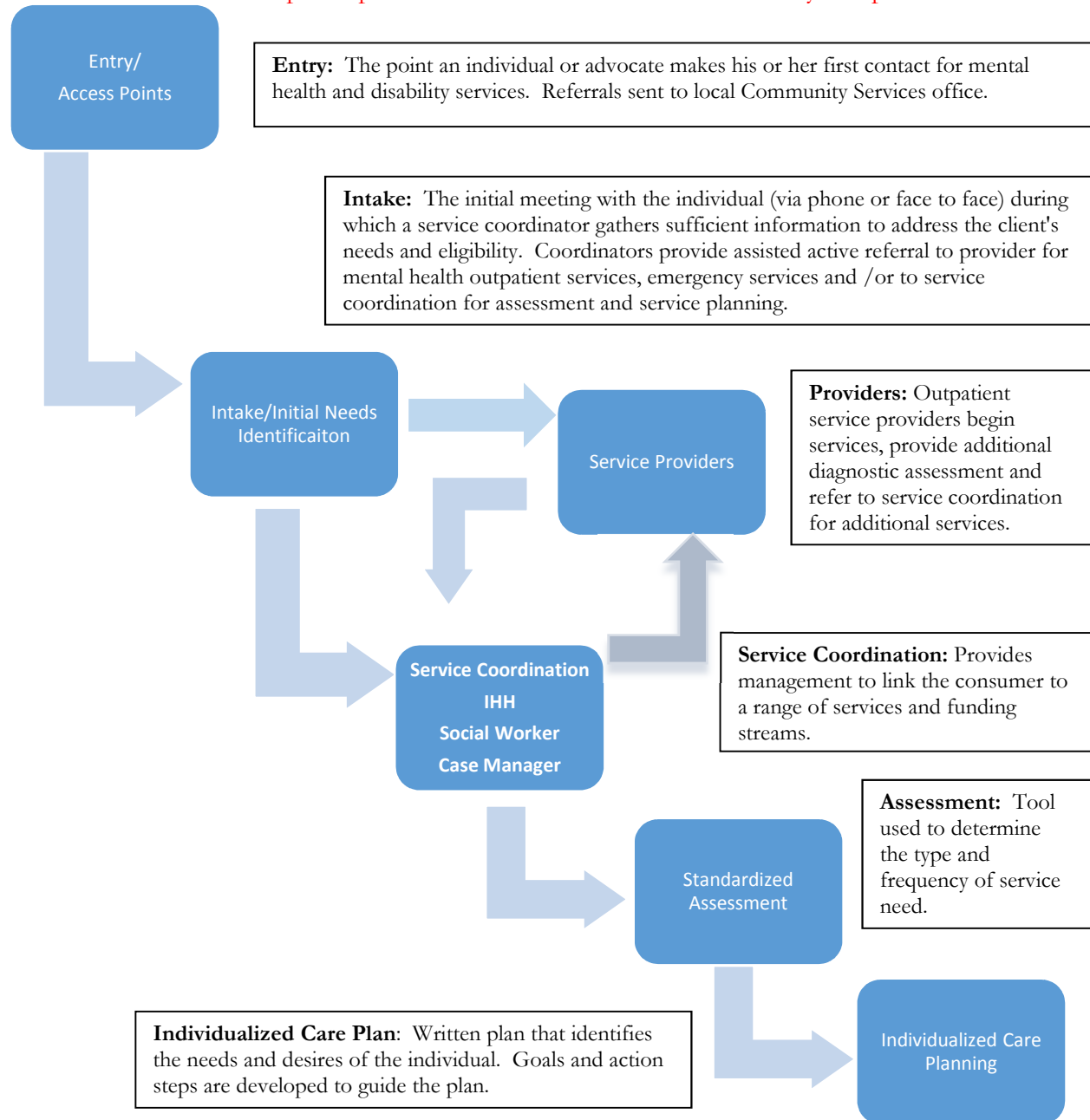
Regional Contracts

All MHDS contracts utilize a standard contract template approved by the SCBHR Governing Board. All contracts for MHDS services are annual contracts based on a July 1st to June 30th fiscal year. Discretion for all contracting and rate setting issues rests with the SCBHR Governing Board and not with individual member counties.

Service Access and Service Authorization Process

Eligibility

Accessing services and service authorization continues at the local level. A new applicant for funding has the right to have eligibility for benefits determined as quickly as possible to ensure access to adequate services. County offices are responsible for eligibility determination and funding authorization to ensure rapid response in the manner described below. Key components include



Process:

Entry/Access Points: The first point of contact for someone seeking mental health and disability services. Examples of entry points include community services director's office, community mental health providers, mental health providers, health care providers, and hospital. Access points are required to send completed applications or referrals by the end of the working day that the contact is received.

Referrals: Intake workers located in county offices will take self-referrals or access point referrals conducted with the individual's consent for the purpose of further assessment for care, treatment or funding. Referrals may be made from any part of service delivery system.

- ***Self-Referral:*** A consumer or advocate takes responsibility for contacting another service provider(s) to make a referral on their own behalf. The service provider will contact the local Community Services Office to determine funding for services.
- ***Assisted Active Referral:*** Service providers within the service system make a referral on behalf of a consumer. Assisted active referral includes:
 - initial verbal contact with the receiving agency
 - discussion about referral requirements
 - anticipated appointment time (waiting list considerations)
 - appropriate documentation forwarded
 - feedback to referring agency
 - determination of funding source(s)

Initial Needs Identification: Intake also provides initial brief screening and assessment for the purpose of appropriate referral to service provider. Referrals are prioritized based on presenting issues, needs, and risk assessment.

Criteria for Eligibility: If applicant meets the general eligibility criteria located in Attachment B and needs treatment services, the intake staff will inform the applicant of the provider options and refer them to appropriate services with the provider they choose.

If individuals need other services or supports the intake worker informs the individual what additional information or verification is needed and how to obtain that information. The intake worker also informs the individual what service and support are available. The service matrix including who is eligible to receive services and supports by eligibility group is included in Attachment C.

If individuals are eligible for case management or integrated health homes (IHH), intake staff will inform them of the case management or integrated health home provider options and refer them to the appropriate agency. If the individual needs other services for support and are not eligible for case management or integrated health home, staff will refer the individuals to regional social workers for service coordination.

Service Coordination: Case managers, IHH or regional social workers provide another link to funding and providers. Those involved in service coordination may request regional funded services

as needed. Service coordination will also assist in scheduling individuals for a standardized functional assessment if required.

Assessment: Individualized services are determined in accordance with the standardized functional assessment. The assessment will be used in the Individualized Care Plan to determine services and units of services funded.

Individualized Care Planning: Includes the gathering and interpretation of comprehensive assessment information, and creating strategies with the consumer about their ongoing care and support. Service coordination is particularly important in facilitating appropriate care for consumers with multiple or complex needs. Individualized planning supports the consumer to identify goals and implement strategies, actions and services to achieve those goals. This may involve linking the consumer to a range of services, identifying how self-management support, education and health promotion will be provided, and establishing effective communication among all the providers involved in delivering services to the individual.

Service Authorization

Request for Services: Service coordination and intake workers request services on behalf of the individuals based on the initial needs identification or standardized assessment. Requests for outpatient services will be handled by the intake workers. Timely eligibility determination includes the issuance of a **Notice of Decision (NOD)**. The Notice of Decision informs eligible individuals and/or their advocate and service providers of the approval or denial of mental health funding, reason for the action, what the share of cost is, if any, and appeal rights if the applicant is dissatisfied with the action specified in the NOD. The NOD also specifies the service provider, type and units of services approved based on immediate need or results from the standardized assessment.

Timeframes: Necessary and immediate services will not exceed ten days. The timeframe for conducting eligibility determination shall not exceed 10 days. If a functional assessment is required it will be scheduled within 90 days. Once an individual's functional assessment is received, individuals will be referred for services to a provider of choice and issued a Notice of Decision within 10 days.

Residency IC 331.394(1) a

If an applicant has complied with all information requests, their access to services shall not be delayed while awaiting a determination of legal residence. In these instances, SCBHR shall fund services and later seek reimbursement from the county of legal residence.

County of residence means the county in this state in which, at the time a person applies for or receives services, the person is living and has established an ongoing presence with the declared, good faith intention of living in the county for a permanent or indefinite period of time. The county of residence of a person who is a homeless person is the county where the homeless person usually sleeps. A person maintains residency in the county in which the person last resided while the person is present in another county receiving services in a hospital, a correctional facility, a halfway house for community-based corrections or substance-related

treatment, a nursing facility, an intermediate care facility for persons with an intellectual disability, or a residential care facility, or for the purpose of attending a college or university.

Confidentiality

SCBHR is committed to protecting individual privacy. To that end, all persons, including SCBHR staff, Governing Board, and others with legal access to protected health information and/or personally identifiable information, shall have an obligation to keep individual information confidential. Information shall only be released in accordance with HIPAA and other federal and state laws and in accordance with professional ethics and standards. Confidential information will be released only when it is in the best interest of the individual to whom the information pertains or when required by law.

Confidential information may be released without written permission of the individual or their guardian for medical or psychological emergencies, inspection by certifying or licensing agencies of the state or federal government and for payment of authorized services.

Procedures to assure confidentiality shall include:

- Individual's (or their legal guardian's) written consent shall be obtained prior to release of any confidential information, unless an emergency as stated above.
- Information or records released shall be limited to only those documents needed for a specific purpose.
- Individual, or an authorized representative upon proof of identity, shall be allowed to review and copy the individual record.
- Individual and related interviews shall be conducted in private settings.
- All discussion and review of individual's status and/or records by SCBHR staff and others shall be conducted in private settings.
- All paper and computer files shall be maintained in a manner that prevents public access to them.
- All confidential information disposed of shall be shredded.
- Steps shall be taken to assure that all fax, email, and cellular phone transmissions are secure and private.
- Staff shall receive initial and ongoing training concerning confidentiality and staff shall sign a statement agreeing to confidentiality terms.

In order to determine eligibility for regional funding, perform ongoing eligibility review, and to provide service coordination and monitoring, individuals or their authorized representatives shall be requested to sign release forms. Failure of individuals to sign or authorize a release of information shall not be an automatic reason for denial; however, SCBHR staff inability to obtain sufficient information to make an eligibility determination may result in denial of regional funding. Individual files will be maintained for seven years following termination of service to the individual.

It and Data Management

SCBHR will use the CSN system as infrastructure for information technology and data management for the region. SCBHR will participate in and advise the ICSA and ISAC boards to ensure sufficient IT/Data capabilities within this system. Additionally, each county will continue to utilize their own IT resources to ensure connectivity within the region (via. hardware, software, malware, security protection, and web based capabilities, etc.)

Existing and expanded IT and Data Management strategies will be utilized by SCBHR to oversee access to and utilization of services, and population based outcomes, for the MH/DS involved population in the region, in order to continuously improve system design and better meet the needs of people with complex challenges. In order to accomplish this, SCBHR will integrate planning, administration, financing, and service delivery using utilization reports from both the region and the state including the following:

- inventory of available services and providers
- utilization data on the services

Results will be analyzed to determine if there are gaps in services or if barriers exist due to:

- service offered
- adequate provider network
- restrictions on eligibility
- restrictions on availability
- location

This information will be used for future planning in the annual service budget plan, improving the system of care, collaboration with agencies, decentralizing service provisions and provider network development. In addition, the data elements, indicators, metrics and performance improvement evaluations for system management will be continuously improved over time as the region develops increasing capability for managing the needs of its population.

Business Functions, Funds Accounting Procedures and Other Administrative Processes

Regionalization seeks to expand the geographic reach and scope of services available while increasing organizational efficiency and effectiveness. Since the conception of redesign of the MHDS system, numerous system changes at the state level have brought about unintended consequences for counties, individuals and providers.

28E Board: The transition from local Boards of Supervisors to Governing Board was accomplished by the use of a 28E and bylaws implementing operating procedures for the Governing Board. The SCBHR 28E was approved by each County Board of Supervisors, recorded with the Secretary of State on April 20, 2014 the agreement was submitted to the Department of Human Services for review. The 28E was approved on April 11, 2014.

SCBHR is maintaining the local county offices as the foundation of the service delivery system. Community Services Directors (CSDs) from each county and will act as the Coordinators of Disability Services. The Chief Executive Officer (CEO) was appointed by the Governing Board

The Chief Executive Officer will utilize member county employees to provide services to the Region and to staff the needs of the Region; however, the terms of all employment or contracts for staff shall be approved by the respective county board of supervisors. Staff shall include one or more coordinators of disability services, hired either directly by the Region or provided to the Region by member Counties. Coordinators must at a minimum meet state requirements.

The Region intends to utilize administrative staff of the member counties for the following functions and responsibilities:

- a) Public Relations, CEO;
- b) Intake, eligibility, resource and referral;
- c) Provider development, performance/outcomes based contracting and quality assurance;
- d) Policies, procedures, strategic plan development, grievances and appeals;
- e) Information technology, data management, reports, CSN and claims administration;
- f) Operations and training;
- g) Budget planning, risk management and financial reports;

SCBHR is in the development stage of standardization and regionalization. The FY 15 budget was developed at the local level by the personnel of the individual counties. Region planning committee members and CPC administrators facilitated many discussions on the budgeting process at the local level. Recommendations were made as it relates to projected expenditures based on what historical data reflects as well as identified variables that have yet to be realized, i.e. ACA, Iowa Health and Wellness Plan enrollment/implementation, medical exemption enrollment, select service description definition, amendments and additions to Chapter 24, equalization funding, and Medicaid offset financial impact to regional systems of care.

Additional funds beyond Levy/Equalization revenue (Fund Balance money) were budgeted for development and decentralization of core and core plus services.

It is the Mission of SCBHR to facilitate open, quality and comprehensive services to people with multiple issues in their lives. We will strive to be welcoming, hopeful and helpful to people who have complex MH/DS challenges, including trauma. Furthermore, as indicated in the SCBHR Regional Management Plan, it is our objective to develop a system of care approach that is characterized by the following principles and values:

- Welcoming individualized and integrated services
- Provide access to comprehensive need based services
- Person centered and family driven
- Being able to sustain a quality of life in the community of choice
- Recovery/resiliency oriented
- Trauma-informed
- Culturally competent
- Multi-occurring capable

SCBHR shall be responsible for funding only those services and supports that are authorized in accordance with the process described in the MH/DS Plan, within the constraints of budgeted dollars and per legislative direction. SCBHR shall be the funder of last resort and regional funds shall not replace other funding that is available. An individual who is eligible for other privately or publicly funded services and support must apply for and accept such funding and support and comply with requirements to remain eligible for such funding and support.

The SCBHR accounting system and financial reporting to the Department of Human Services and the Department of Management will conform to Iowa Code 441- 25.13 (2) (331.391) and includes all non-Medicaid mental health and disability expenditures funded by the Region. Information is separated and identified in the most recent Uniform Chart of Accounts approved by the State County Finance Committee including but not limited to the following: expenses for administration; purchase of services; and enterprise costs for which the region is a service provider or is directly billing and collecting payments.

Such expenses shall be managed by the region via one of the two below identified accounts:

Funds:

General:

All state dollars and any other county or local funds that are received by the member counties for purposes related to the Region shall be transferred to the Region. The Governing Board may designate these funds into one of three different types of accounts.

Region Account: Each fiscal year as a part of the Region's budgeting process, the Governing Board will determine a dollar amount necessary to fund the services and administrative costs of the Region. The dollar amount from each Member County that will be transferred to the Region Account will be based on the budget estimate for Region Services and Region Administrative

Costs, with Region Services to be paid for by the Member Counties on a per capita basis and Region Administrative Costs to be shared equally by the member counties.

Member County Accounts: All state dollars and any other county or local funds not designated to the Region Account will be held in separate accounts for each Member County. The amount in each Member County account will be the state dollars and any other county or local funds that it transferred to the Region, minus the amount of such Member County's contribution that was designated to the Region Fund. Funds in a Member County Account shall be expended only for costs associated with that Member County. The Board of Supervisors shall make recommendations to the Governing Board on how the dollars in its Member County Account should be spent, but final approval and determination of expenditures out of these funds shall be made by the Governing Board. All member county accounts will use their county auditors to pay claims as directed by the Governing Board.

Risk Pool Account: In the event a Member County's Account has a negative equity position or negative ending cash balance, funds shall first be transferred to the risk pool account from that county's remaining contribution to the Region Account, if any, and then from the accounts of the other Member Counties as required by the Governing Board, to correct the negative equity position or negative ending cash balance for the applicable Member County. The Member County that has a negative equity position or negative ending cash balance in its operating budget shall repay the necessary funds through a transfer of funds at such times and in such amounts as recommended by the Chief Executive Officer and approved by the Governing Board as determined to be prudent and feasible. Any repayments shall be apportioned amongst accounts using the same formula as that used to remedy the deficit.

Wapello County has been designated as SCBHR fiscal agent by the Governing Board. Pooled regional funds shall be administered by the fiscal agent subject to the provisions of the fiscal policies. The Governing Board has the decision making power to determine when and if all funds will be pooled in the Fiscal Agent account.

Accounting Procedures: As designated by the Governing Board, all Member County claims, will be processed by the local County MHDS staff. MHDS staff are required to enter and pay claims in the CSN database, and submit to the local county auditor. Prior to submission to the local County Auditor, claims will be reviewed by the CEO in CSN, for verbal approval. If a claim is identified not to meet the contractual agreement with providers the claim will be held and approval from the Governing Board will be requested prior to payment. Local County expenditures and revenue reports will be submitted to the Governing Board for signature to ensure compliance with allowable expenditures. All MHDS accounts shall be audited annually by a certified public accountant certified in the state of Iowa that is retained by the respective member county.

As designated by the Governing Board, All Regional Account Claims will be processed by the Wapello County MHDS staff, MHDS are required to enter and pay claims in the CSN database, and submit to the Wapello County Auditor. Prior to submission to the Wapello/Regional Fiscal

Agent County Auditor, claims will be reviewed by the CEO in CSN, for verbal approval. If a claim is identified not to meet the contractual agreement with providers the claim will be held and approval from the Governing Board will be requested prior to payment. Local County expenditures and revenue reports will be submitted to the Governing Board for signature to ensure compliance with allowable expenditures. All MHDS accounts shall be audited annually by a certified public accountant certified in the state of Iowa that is retained by the respective member county.

The Region shall comply with Chapters 12B and 12C of the Iowa Code for deposit and investment of Region funds. Through the Region's budgeting process, it shall strive to use surplus funds for the development of additional services.

NOTE: Accounts of the Region shall be audited annually by a certified public accountant certified in the state of Iowa, as selected by the Fiscal Agent.

Information Technology and Data Management Capacity

Iowa Association of Counties hosts the Community Services Network (CSN), a data management system with the vision to connect counties and agencies with a shared system which captures and reports standardized information for Iowans accessing the community services system while abiding by HIPAA, State, and Federal Laws. CSN has the data capacity to exchange information in compliance with the DHS reporting requirements including client identifier, demographic information, eligibility group, expenditure data concerning the services and other support provided to each individual, as specified by the department. Please refer to attachment D.

Local offices will be required to participate in ongoing trainings for the CSN database. Each local office will be required to meet performance measures including:

- All applications entered or updated within 10 days of receipt of application.
- All bills will be processed through CSN prior to payment using established chart of accounts codes.
- All eligible bills shall be paid within 30 days of receipt of required documentation.
- All payments with approved funding authorizations are 100% compliant.
- Maintain 100% compliance with HIPPA.

Compliance with Data Reporting

Fiscal Year 2015 annual reports will be completed by the Finance Committee and will encompass region-wide required data as requested by the Department of Human Services. All counties in SCBHR currently utilize and will continue to use CSN to support both county and regional functions. All SCBHR counties are required to use CSN for the following:

- Budget and finance
- Client demographics information
- Individual funding requests
- Claims
- Provider information
- Provider services and rates.

Data Reporting through System Evaluation

The SCBHR Governing Board, CEO, MHDS staff and the Regional Advisory Board will establish outcome measures in order to gauge performance and progress in the measurement domains identified in 2014 Code of Iowa 225C.6A: access to service, life in the community, person centeredness, health and wellness, quality of life and safety, and family natural supports.

SCBHR will follow the process outlined in the Outcome and Performance Measures Committee Report of December 14, 2012. SCBHR will initially use the statistical data from CSN to develop reports that will help to establish measures. Next, a determination will be made about what

additional data should be collected, where the data will come from and what the cost is to collect the data. While statistical data can be generated through our current data system, information will also need to be collected from providers as well as from service recipients and their families, requiring development of surveys. SCBHR will partner with DHS leadership in this area in order to standardize the data that is being collected to make it meaningful statewide as well as regionally.

SCBHR's initial focus is to develop a process to analyze data that aligns with Code of Iowa 225.C.4 on the following:

- Access standards for required core services.
- Penetration rates for serving the number of persons expected to be served, particularly the proportion of individuals who receive services compared to the estimated number of adults needing services in the region.
- Utilization rates for inpatient and residential treatment, including:
 - Percent of enrollees who have had fewer inpatient days following services.
 - The percentage of enrollees who were admitted to the following:
 - State mental health institutes;
 - Medicaid funded private hospital in-patient psychiatric services programs;
 - State resource centers; and
 - Private intermediate care facilities for persons with intellectual disabilities.
- Readmission rates for inpatient and residential treatment
 - The percentage of enrollees who were discharged from the following and readmitted within 30 and 180 days:
 - State mental health institutes
 - Medicaid funded private hospital in-patient psychiatric services programs
 - State resource centers
 - Private intermediate care facilities for persons with intellectual disabilities.
- Employment of the persons receiving services.
- Administrative costs.
- Data reporting.
- Timely and accurate claims payment.

SCBHR will include consumers and families in local stakeholders and regional advisory committees in all aspects of program planning, operations, and evaluation. The Regional Advisory Board, which includes Governing Board and MHDS staff, providers, consumers, and families from member counties will participate in the following activities:

- Revisions of SCBHR Policies & Procedures Manual
- Review of “best practices” standards
- Development of outcome and satisfaction measures
- Collection of stakeholder satisfaction information through interviews and focus groups
- Make recommendations for improvement of the service system

Please refer to Attachment D for the CSN floor plan.

Attachment A

Access Points

Access Point	Address	Phone number
Appanoose County Community Service Office	209 E Jackson Street, Centerville Iowa 52537	1-641-856-2085
Community Health Center of Southern Iowa-Appanoose	221 East State Center, Centerville Iowa 52537	1-641 856 6471
Centerville Community Betterment	111 N. Haynes Ave, Centerville, Iowa 52544	1-641-437-1051
Davis County Community Service Office	100 Courthouse Square, Bloomfield Iowa 52537	1-641-895-1690
Davis County Hospital E.R	507 S. Madison Street, Bloomfield Iowa 52537	1-641-664-2145
Mercy Medical Center E.R	One Street Joseph's Dr. Centerville, Iowa 52544	1-641-437-4111
Ottumwa Regional Hospital E. R	1001 Pennsylvania Ave, Ottumwa Iowa 52501	1-641-684-7511
Paula Gordy-LLC	107 E Franklin Street, Bloomfield, Iowa 52537	1-641-664-2490
Paula Gordy-LLC	501 North 12 th , Centerville Iowa	1-641-437-2437
Southern Iowa Mental Health Center	110 E Main, Ottumwa Iowa 52501	1-641-682-8772
Wapello County Community Service Office	102 E. Main, Ottumwa Iowa 52501	1-641-683-4576

F. Eligibility (IAC 441-25.21(1)c)

General Eligibility

SCBHR shall review the application to determine if the applicant meets the general eligibility criteria of the Regional Plan.

The individual is at least eighteen years of age.

Or

- a) An individual who is seventeen years of age, is a resident of this state, and is receiving publicly funded children's services may be considered eligible for services through the regional service system during the three-month period preceding the individual's eighteenth birthday in order to provide a smooth transition from children's to adult services.
- b) An individual less than 18 years of age and a resident of the state may be considered eligible for those mental health services made available to all or a portion of the residents of the region of the same age and eligibility class under the county management plan of one or more counties of the region applicable prior to formation of the region. Eligibility for services under paragraph "b" is limited to availability of regional service system funds without limiting or reducing core services, and if part of the approved regional service system management plan.

The individual is a legal resident of the state.

Financial Eligibility

The individual complies with financial eligibility requirements in IAC 441-25.16

1) *Income Guidelines: (IC 331.395.1)*

- a) Gross incomes 150% or below of the current Federal Poverty Guidelines. (Attachment B) At the discretion of the SCBHR, applicants with income above 150% may be eligible for regional funding with an individual copayment as specified in this manual. (Attachment D)
- b) The income eligibility standards specified herein shall not supersede the eligibility guidelines of any other federal, state, county, or municipal program. The income guidelines established for programs funded through Medicaid (Waiver programs, Habilitative Services, etc.) shall be followed if different than those established in this manual.

- c) In determining income eligibility, the average monthly income for the past 3 months will be considered, however, recent employment and/or income changes may be considered by the SCBHR in determining income eligibility. Applicants are expected to provide proof of income (including pay stubs, income tax return, etc.) as requested by SCBHR.
- 2) Resources Guidelines: Iowa Code 331.395 An individual must have resources that are equal to or less than \$2,000 in countable value for a single-person household or \$3,000 in countable value for a multi-person household or follow the most recent federal supplemental security income guidelines.
- The countable value of all countable resources, both liquid and non-liquid, shall be included in the eligibility determination except as exempted in this subrule.
 - A transfer of property or other assets within five years of the time of application with the result of, or intent to, qualify for assistance may result in denial or discontinuation of funding.
 - The following resources shall be exempt:
 - (1) The homestead, including equity in a family home or farm that is used as the individual household's principal place of residence. The homestead shall include all land that is contiguous to the home and the buildings located on the land.
 - (2) One automobile used for transportation.
 - (3) Tools of an actively pursued trade.
 - (4) General household furnishings and personal items.
 - (5) Burial account or trust limited in value as to that allowed in the Medical Assistance Program.
 - (6) Cash surrender value of life insurance with a face value of less than \$1,500 on any one person.
 - (7) Any resource determined excludable by the Social Security Administration as a result of an approved Social Security Administration work incentive.

If an individual does not qualify for federally funded or state-funded services or other support, but meets all income, resource, and functional eligibility requirements of this chapter, the following types of resources shall additionally be considered exempt from consideration in eligibility determination:

- A retirement account that is in the accumulation stage.
- A medical savings account.
- An assistive technology account.
- A burial account or trust limited in value as to that allowed in the Medical Assistance Program.

An individual who is eligible for federally funded services and other support must apply for and accept such funding and support.

Co-payment for services

Any co-payments or other client participation required by any federal, state, region, or municipal program in which the individual participates shall be required to be paid by the individual. Such co-payments include, but are not limited to:

- Client participation for maintenance in a residential care facility through the state supplementary assistance program.
- The financial liability for institutional services paid by counties as provided in Iowa Code sections 230.15.
- The financial liability for attorney fees related to commitment as provided by Iowa Code section 229.19.

Co-payments in this section are related to core services to target populations as defined in Iowa Code 331.397. No co-payment shall be assessed to individuals with income equal to or less than 150% percent of the federal poverty level, as defined by the most recently revised poverty income guidelines published by the U.S. Department of Health and Human Services.

Individuals with income over the established guidelines may be eligible for services on a sliding fee scale as shown in Attachment D. A co-payment is required for those individuals with incomes between 150%-250% of poverty. This amount is collected by the service agency.

Diagnostic Eligibility

The individual must have a diagnosis or co-occurring diagnosis that includes Mental Illness or Intellectual Disability,

Mental Illness

Individuals who at any time during the preceding twelve-month period had a mental health, behavioral, or emotional disorder or, in the opinion of a mental health professional, may now have such a diagnosable disorder. The diagnosis shall be made in accordance with the criteria provided in the most recent diagnostic and statistical manual of mental disorders published by the American Psychiatric Association, and shall not include the manual's "V" codes identifying conditions other than a disease or injury. The diagnosis shall also not include substance-related disorders, dementia, antisocial personality, or developmental disabilities, unless co-occurring with another diagnosable mental illness.

Intellectual Disability

Individuals who meet the following three conditions:

1. Significantly sub average intellectual functioning: an intelligence quotient (IQ) of approximately 70 or below on an individually administered IQ test (for infants, a clinical judgment of significantly sub average intellectual functioning) as defined by the Diagnostic and Statistical Manual of Mental Disorders, Fourth Edition, American Psychiatric Association.
 2. Concurrent deficits or impairments in present adaptive functioning (i.e., the person's effectiveness in meeting the standards expected for the person's age by the person's cultural group) in at least two of the following areas: communication, self-care, home living, social and interpersonal skills, use of community resources, self-direction, functional academic skills, work, leisure, health, and safety.
 3. The onset is before the age of 18.
- (Criteria from "Diagnostic and Statistical Manual of Mental Disorders, Fourth Edition Revision (DSM IV)," 1994 revision, American Psychiatric Association) or the most

recent approved by the State of Iowa.

The results of a standardized assessment support the need for intellectual disability services of the type and frequency identified in the individual's case plan.

Acceptable verification for Diagnostic requirements

If a psychological or psychiatric evaluation or other acceptable verification of diagnosis is not available, SCBHR may refer the applicant to an appropriate mental health professional for evaluation to verify and document a diagnosis.

Assistance to Other than Core Populations (IAC441-25.21(1)2)

If funds are available, SCBHR shall fund services to individuals who have a diagnosis of a developmental disability other than an intellectual disability and children to the extent allowable by law.

"Persons with developmental disabilities" means a person with a severe, chronic disability which:

1. Is attributable to mental or physical impairment or a combination of mental and physical impairments.
2. Is manifested before the person attains the age of 22.
3. Is likely to continue indefinitely.
4. Results in substantial functional limitations in three or more of the following areas of life activity: self-care, receptive and expressive language, learning, mobility, self-direction, capacity for independent living, and economic self-sufficiency.
5. Reflects the person's need for a combination and sequence of services which are of lifelong or extended duration.

Attachment C

Service Matrix

Priority Services (IC331.25.3)	Description	Target Populations	Additional Population	Access Standards
Assessment and evaluation (Psychiatric or Psychological Evaluations and Standard functional Assessment)	The clinical review by a mental health professional of the current functioning of the individual using the service in regard to the individual's situation, needs, strengths, abilities, desires and goals to determine the appropriate level of care.	X		Assessment completed within 90 days of notice of enrollment. Individual who has received inpatient treatment shall be assessed within 4 weeks.
*Crisis Care Coordination	Service provided during an acute crisis episode that facilitates working together to organize a plan and service transitions programing, including working agreements with inpatient behavioral health units and other community programs. The services shall include referrals to mental health services and other supports necessary to maintain community-based living capacity, including case management as defined herein.	X	X	
Crisis evaluation	The process used with an individual to collect information related to the individual's history and needs, strengths, and abilities in order to determine appropriate services or referral during an acute crisis episode.	X	X	Within 24 hours

Day habilitation	<p>Services that assist or support the individual in developing or maintaining life skills and community integration.</p> <p>Services shall enable or enhance the individual's functioning, physical and emotional health and development, language and communication development, cognitive functioning, socialization and community integration, functional skill development, behavior management, responsibility and self-direction, daily living activities, self-advocacy skills, or mobility.</p>	X	X	
*Emergency Care	<p>Medical services rendered under unforeseen conditions which require hospitalization for the treatment of accidental injury and relief of acute pain, which, if not immediately diagnosed and treated, would result in risk of permanent danger to the patient's health.</p>	X	X	Provider has to call within a 24 hour admit
*Family support	<p>Services provided by a family support peer specialist that assists the family of an individual to live successfully in the family or community including, but not limited to, education and information, individual advocacy, family support groups, and crisis response.</p>	X	X	

*Health homes	<p>A service model that facilitates access to an interdisciplinary array of medical care, behavioral health care, and community-based social services and supports for both children and adults with chronic conditions. Services may include comprehensive care management; care coordination and health promotion; comprehensive transitional care from inpatient to other settings, including appropriate follow-up; individual and family support, which includes authorized representatives; referral to community and social support services, if relevant; and the use of health information technology to link services, as feasible and appropriate.</p>	X		
Home and vehicle modification	<p>a service that provides physical modifications to the home or vehicle that directly address the medical health or remedial needs of the individual that are necessary to provide for the health, welfare, and safety of the member and to increase or maintain independence.</p>	X		Lifetime limit equal to that established for the HCBS waiver for individuals with intellectual disabilities. Provider payment will be no lower than that provided through the HCBS waiver.
*Home health aide services	<p>Unskilled medical services which provide direct personal care. This service may include assistance with activities of daily living, such as helping the recipient to bathe, get in and out of bed, care for hair and teeth, exercise, and take medications specifically ordered by the physician.</p>	X	X	

Health Supplies	Medical Supplies, Glasses, Hearing Aides, Etc.	X	X	
Job development	<p>Services that assist individuals in preparing for, securing and maintaining gainful, competitive employment. Employment shall be integrated into normalized work settings, shall provide pay of at least minimum wage, and shall be based on the individual's skills, preferences, abilities, and talents. Services assist individuals seeking employment to develop or re-establish skills, attitudes, personal characteristics, interpersonal skills, work behaviors, and functional capacities to achieve positive employment outcomes.</p>	X	X	Referral shall be within 60 days of request for such service.
Medication management	<p>services provided directly to or on behalf of the individual by a licensed professional as authorized by Iowa law including, but not limited to, monitoring effectiveness of and compliance with a medication regimen; coordination with care providers; investigating potentially negative or unintended psychopharmacologic or medical interactions; reviewing laboratory reports; and activities pursuant to licensed prescriber orders.</p>	X		

Medication prescribing	Services with the individual present provided by an appropriately licensed professional as authorized by Iowa law including, but not limited to, determining how the medication is affecting the individual; determining any drug interactions or adverse drug effects on the individual; determining the proper dosage level; and prescribing medication for the individual for the period of time before the individual is seen again.	X		Standardized Assessment support the need for this service
Mental health inpatient treatment	Acute inpatient mental health services are 24-hour settings that provide services to individuals With Acute psychiatric conditions. Primary goal is to provide a comprehensive evaluation, rapidly stabilize acute symptoms, address health and safety needs and develop a comprehensive discharge plan to appropriate level of care.	X		Shall receive treatment within 24 hours. Available at inpatient mental health services at any state or private mental health unit in Iowa at host region contractual rate. In the absence of a contract, SCBHR shall reimburse at the current Medicaid rate.
Mental health outpatient therapy	Services shall consist of evaluation and treatment services provided on an ambulatory basis for the target population including psychiatric evaluation, medication management and individual, family, and group therapy.	X		Emergency within 15 minutes of phone contact. Urgent: within 1 hour of presentation or 24 hours of phone contact. Routine: within 4 weeks of request for appointment.
*Peer support services	A program provided by a peer support specialist including but not limited to education and information, individual advocacy, family support groups, crisis response, and respite to assist individuals in achieving stability in the community.	X	X	Individuals receiving recovery services shall not have to travel more than 30 miles if residing in urban area or 45 miles is residing in rural area.
*Personal emergency response system	An electronic device connected to a 24-hour staffed system which allows the individual to access assistance in the event of an emergency.	X		

Prevocational services	Services that focus on developing generalized skills that prepare an individual for employment. Prevocational training topics include but are not limited to attendance, safety skills, following directions, and staying on task.	X	X	
Respite Services	A temporary period of relief and support for individuals and their families provided in a variety of settings. The intent is to provide a safe environment with staff assistance for individuals who lack an adequate support system to address current issues related to a disability. Respite may be provided for a defined period of time; respite is either planned or provided in response to a crisis.	X	X	
Supported Employment	An approach to helping individuals participate as much as possible in competitive work in integrated work settings that are consistent with the strengths, resources, priorities, concerns, abilities, capabilities, interests, and informed choice of the individuals. Services are targeted for individuals with significant disabilities for whom competitive employment has not traditionally occurred; or for whom competitive employment has been interrupted or intermittent as a result of a significant disability including either individual or group supported employment, or both, consistent with evidence-based practice standards published by the Substance Abuse and Mental Health Services Administration.	X	X	

Supported Community Living Services	Services provided in a non-institutional setting to adult persons with mental illness, mental retardation, or developmental disabilities to meet the persons' daily living needs.	X	X	First appointment shall occur within 4 weeks of the request.
Twenty four hour crisis response		X		24 hours a day, 365 days a year provided through community mental health centers.
Commitment Related (Evaluations, Sheriff Transport, MH Advocates)	Court ordered services related to mental health commitments	X		Court order

Priority 2 or/Beyond Core Services	Description	Target Populations	Additional Population	Conditions
*Community Based Crisis Intervention Services	Program designed to stabilize an acute crisis episode and to restore an individual and family to their pre-crisis level of functioning. Crisis services are available 24 hours a day, 365 a year, including telephone and walk in crisis service and crisis care coordination	X		
Voluntary Dual Diagnosis treatment (Mount Pleasant)	Treatment services for severe mental illness (mainly psychotic disorders) and problematic drug and/or alcohol use.	X		Voluntary Dual Diagnosis treatment at Mt Pleasant MHI, must have prior approval from SCBHR, and may be granted on an individual basis with a prescreening completed by a Community Mental Health Center
Transportation	Transportation to day habilitation and vocational programs	X	X	
A. Basic Needs Rent/Utilities B. Basic Needs Rent/Utilities (ongoing)	Assistance to rent, utilities, etc.	X	X	A. Follow General Assistance Guidelines B. In order to receive ongoing assistance an applicant will need to have Standardized Functional Assessment to support the need for this service within the framework of individual treatment need. Must have applied for Social Security Benefits, signed an Interim Assistance Reimbursement Agreement with a county or the region and submitted a medical exemption for Medicaid, and be involved in a IHH.

Consultation	Advisory activities directed to a service provider to assist the provider in delivering services to a specific person, or advisory activities directed to a service provider to assist the provider in planning, developing, or implementing programs; or in solving management or administrative problems; or addressing other concerns in the provider's own organization.	X		
Public Education Services	To educate the general public about the realities of mental health and mental illness.	X		
Evaluation Outpatient (Non- Crisis)	Is for screening, diagnosis and assessment of individual and recommendations for services, and information as appropriate and necessary. Examples: IQ	X	X	
*Family Psych education	Services including the provision of emotional support, education, resources during periods of crisis, and problem-solving skills consistent with evidence-based practice standards published by the Substance Abuse and mental health Services Administration	X		
*Group Supported Employment	The job and training activities in business and industry settings for groups of no more than eight workers with disabilities. Group settings include enclaves, mobile crews, and other business based workgroups employing small groups of workers with disabilities in integrated, sustained, paid employment.	X	X	Standardized functional assessment must support the need for services of the type and frequency identified in the individual's case plan.

Psychiatric Rehabilitation	Is for individualized services designed to increase the consumer's ability to function independently to prevent or reduce the need for services in a hospital or residential setting, and to promote the consumer's receiver of the ability to perform a valued role in society. Intensive Psychiatric Rehabilitation (IPR), Assertive Community Treatment Teams (ACT)	X		Standardized functional assessment must support the need for services of the type and frequency identified in the individual's case plan
Physiological Treatment	Is used for activities designed to prevent, halt, control, relieve or reverse symptoms or conditions which interfere with the normal physiological funding of the human body. Example: Dental, Doctor, X-ray, labs, (not psychiatrist)	X	X	Standardized functional assessment must support the need for services of the type and frequency identified in the individual's case plan
Prescription Medicine	Prescription psychiatric medications for persons having a mental health diagnosis	X	X	Unable to pay co-payments
Residential Care Facilities	Community facility providing care and treatment	X	X	functional assessment must support the need for services of the type and frequency identified in the individual's case plan funding is limited to 90 days to allow for individualized and integrated service eligibility to be established
Peer Drop In	Program that offers a safe, supportive environment within the community for individuals who have experienced mental/emotional problems.	X	X	

Sheltered Workshop Services	For services provided by a facility carrying out a recognized program of rehabilitation, habilitation, or education for persons with disabilities, designed to lead to competitive employment, or provision of long-term, remunerative employment.	X	X	Standardized functional assessment must support the need for services of the type and frequency identified in the individual's case plan
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Standardized functional assessment must support the need for services of the type and frequency identified in the individual's case plan.

*Indicates new services

Attachment D

County Community Services Network (CSN) **Mental Health | General Assistance | Substance Abuse | Case Management |ETC**

The CSN software package includes the following functionality; Client Management (PHI), Provider Management, Service Authorizations, Electronic Claims Filing and Processing, Targeted Case Management, Case Management Electronic Billing, Reporting, Financials and Budgeting, Entity Profiles, User profiles, Extensive role based security, Flexible Entity Access, AdHoc Reporting, and an Electronic Clearing House. Currently 98 counties and, approximately 40 case management agencies use CSN to manage their business. There are 500 users and over 200,000 clients.

Functionality

Client Management

Demographics

Medical and Prescription drug Information

Provider Management

Authorizations for Service

Claims

Electronic claims

Adjudication against Funding Authorizations and other requirements

Multi-step review process

Voucher & Remittance Advice Generation

Electronic submission to the Auditor's Accounting Software & Reconciliation

Case Management

Service Authorizations

Management of Goals and Outcomes

PDF Form generation as mandated by Iowa Code

Extensive Client Contact tracking

Quality Review

Electronic Billing & Receivables

Reporting

AdHoc Reporting (July 1)

Canned reports
State Compliance reporting
Financials
Flexible Budgeting & Revenue Tracking & Reports
Custom General Ledger codes per Entity
User profiles
Extensive security based on HIPAA regulations (this is expanding)
Flexible Entity Access
County, region or provider (limited) based
Users may be affiliated with multiple entities and providers
We also maintain an electronic clearing house for our providers.

Contact Information

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